

State of Michigan
Department of Civil Service
HUMAN RESOURCE DEVELOPMENT
P.O. Box 30002, Lansing, MI 48909

NOMINATIONS FOR TRAINING PROGRAMS AND BILLING

DEPARTMENT (Process Level)			DIVISION			MAILING ADDRESS		
NOMINATOR			AUTHORIZED APPROVER'S SIGNATURE			APPROVER'S TELEPHONE NUMBER		
PROGRAM NAME			PROGRAM DATES			PROGRAM NUMBER		

<input type="checkbox"/> All people named on this list have the stated prerequisites for attending.			INDEX Program Cost Account	APPROVED BY CIVIL SERVICE		TRAINING IS JOB-RELATED		If "NOT" Job-Related, enter Employee's Identification Number below.	
NOMINEE(S) — Rank by Priority	DIVISION	PHONE NUMBER		YES	NO	YES	NO	Taxable Amount	Employee's Identification No.
			□	□	□	□			
			□	□	□	□			
			□	□	□	□			
			□	□	□	□			
			□	□	□	□			
			□	□	□	□			
			□	□	□	□			
			□	□	□	□			
			□	□	□	□			
			□	□	□	□			

FOR CIVIL SERVICE USE ONLY
Total Participants Selected _____ at (Cost) _____ = Total To Be Billed \$ _____ <div style="text-align: right;">(Training Representative)</div>

Instructions: If employees are paying their own way, the "Index Program Cost Account" number above is not necessary.
 Agency retains copy and submits original to Department of Civil Service, Human Resource Development. Use additional sheets if necessary.